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FIRST NAMED APPLICANT ATTORNEY DOCKET NO /TITLE FILING/RECEIPT DATE APPLICATION NUMBER

09/060.188

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0232/0429

LAURENCE A WEINBERGER PO BOX 1663 SULTE 103 883 8 MATLACK ST WEST CHESTER PA 19308-0053

1643

DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR

| If all required items on this form are filed within the period set above, the total small entity (statement filed) non-small entity is \$ | al amount owed by applicant as a | <u>.</u> م |
|--|--|---------------|
| 1. The statutory basic filing fee is: | | |
| Z⇒missing. | | ٠. |
| A insufficient. Applicant must submit \$to complete the basic filing | fee and/or file a small entity statement claimi | na |
| such status (37 CFR 1.27). | | 19 |
| 2. Additional claim fees of \$, including any multiple depe | endent claim fees, are required. | |
| \$ for independent claims over 3. | | |
| \$ 528 for 29. dependent claims over 20. | and the second second | 1 |
| \$for multiple dependent claim surcharge. | The state of the s | |
| Applicant must either submit the additional claim fees or cancel additional | claims for which fees are due. | |
| ☐ 3. The oath or declaration: ☐ is missing or unexecuted. | | 7 |
| does not cover the newly submitted items. | and the same of th | ~·· ~ |
| does not identify the application to which it applies. | | |
| does not include the city and state or foreign country of applicant's residence. An oath or declaration in compliance with 37 CFR 1. 63, including residence. | gence. | ù. |
| the above Application Number and Filing Date is required. | | |
| ☐ 4. The signature(s) to the oath or declaration is/are by a person other than investigation. | ventor or person qualified under 37 CFR 1.42, | ٠. |
| 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, iden | ntifying the application by the above | |
| Application Number and Filing Date, is required. | maying the apphoancin by the above | |
| 5. The signature of the following joint inventor(s) is missing from the oath or de | eclaration: | |
| | | <u>.</u> |
| An oath or declaration in compliance with 37 CFR 1.63 listing the names of | | 1, 1 |
| inventor(s), identifying this application by the above Application Number and 6. A \$50.00 processing fee is required since your check was returned without p | · · · · · · · · · · · · · · · · · · · | • |
| 7. Your filling receipt was mailed in error because your check was returned with | | |
| ☐ 8. The application does not comply with the Sequence Rules. | | • • • |
| See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825." | u | • |
| 9. OTHER: | | |

copy of this notice <u>MUST</u> be returned with the reply

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